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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State
06-03-2005 90003 048 ***158.75

DOCUMENT # M80413

1. Entity Name
SINDERA CORPORATION

50053303

05252005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
5005 W. LAUREL ST. #210 TAMPA, FL 33606	5005 W. LAUREL ST. #210 TAMPA, FL 33606

2. Principal Place of Business	3. Mailing Address
6508 E. Fowler Ave.	6508 E. Fowler Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Temple Terrace, FL	City & State: Temple Terrace, FL
Zip: 33617 Country: USA	Zip: 33617 Country: USA

4. FEI Number: 59-2891564 — Applied For / Not Applicable

9. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAY, C. TALMADGE
5005 W. LAUREL ST. #210
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name: Hanna, Lemar & Morris, CPAs, P.A.
Street Address (P.O. Box Number is Not Acceptable): 6508 E. Fowler Ave.
City: Temple Terrace, FL Zip Code: 33617

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] J. Michael Morris, Vice President June 1, 2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPV	☐ Delete
NAME	KLOTI, ALBERT B	
STREET ADDRESS	35 SUNSET HEIGHTS	
CITY-ST-ZIP	SINGAPORE, 597416	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Tel.#011 65 67300866

SIGNATURE: [signature] Albert B. Kloti, President June 1, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NO.697 P002

01/06/2005 10:19